



Faculty of Management & Social Sciences

www.ub.edu.bz

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P.O. Box 990
Belize City, Belize

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CONTRACT BETWEEN ORGANIZATION, STUDENT, AND UNIVERSITY OF BELIZE

STUDENT INFORMATION

Student's Name _____

Major _____

Local Address _____

Local Phone _____

Emergency Contact Name _____

Emergency Contact Address _____

Emergency Contact Phone _____

ORGANIZATION INFORMATION

Organization Name _____

Name of Intern Supervisor _____

Organization Address _____

Organization Phone _____

Internship Starting Date _____ Internship Expiration Date _____

Financial Assistance/Benefits _____

Specific Functions (list below all functions
To be accomplished within the job description)

Percent of time
(100% total)

CONTRACT AGREEMENT

We, the undersigned agree to cooperate in a high quality and professional field experience in accordance with the above specifications and attached responsibilities of students, organization, and University. The student's internship does not officially begin until all three signatures are received and dated.

Organization Supervisor (print name/signature)

Date

Student (print name/signature)

Date

UB Internship Coordinator (print name/signature)

Date